



PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 170.00)

<i>Complete if Known</i>	
Application Number	10/797,061-Conf. #4706
Filing Date	March 11, 2004
First Named Inventor	Shuichi Soeta
Examiner Name	Not Yet Assigned
Art Unit	2655
Attorney Docket No.	T4025.0035/P035

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number **04-1073**

Deposit Account Name **Dickstein Shapiro Morin & Oshinsky LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

SUBTOTAL (1) (\$ 0.00)
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims			
Multiple Dependent			

Large Entity**Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

***Reduced by Basic Filing Fee Paid** **SUBTOTAL (3) (\$ 170.00)**
SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082	Telephone	(202) 775-4742
Signature				Date	July 19, 2004



PTO/SB/21 (02-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/797,061-Conf. #4706
		Filing Date	March 11, 2004
		First Named Inventor	Shuichi Soeta
		Art Unit	2655
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	1	Attorney Docket Number	T4025.0035/P035

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Combined Declaration and Power of Attorney Part 2 Copy of Notice Assignment and Recordation Form Cover Sheet PAPER UNDER 37 C.F.R. §
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson (33,082)
Signature	
Date	July 19, 2004